

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
12	1					
13		1				
14	1					
15		1				
16						
17	1					
18		1				
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21						
22						
23						
24						
25	1					
26		1				
27						
28						
29						
30	1					
31		1				
32						
33						
34						
35						
36						
37	1					
38		1				
39						
40						
41						
42	i					
43		1				
44						
45						
46						
47	1					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54	1				
55					
56					
57					
58	1				
59					
60					
61					
62					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	i3				
TOTAL DEP.	48				
TOTAL CLAIMS	61				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS